

KENT COUNTY COUNCIL

— AND —

KENT INSURANCE COMMITTEE

Fifth Annual Report

UPON

TUBERCULOSIS

AND THE

ADMINISTRATION OF SANATORIUM BENEFIT

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

BARRISTER-AT-LAW,

Medical Officer of Health to the Kent County Council

AND

Medical Adviser to the Kent Insurance Committee.

PRINTED BY

HEADLEY BROS, INVICTA PRESS, ASHFORD.

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COUNTY MEDICAL OFFICER'S DEPARTMENT,
SESSIONS HOUSE,
MAIDSTONE,

June 1st, 1918.

To the Members of the Kent County Council and of the
Kent Insurance Committee.

MY LORDS, LADIES, AND GENTLEMEN,

I beg to present herewith my fifth Annual Report upon Tuberculosis and upon the Administration of Sanatorium Benefit in the County of Kent.

For reasons which are well known to you, this report has been made as short as possible.

In spite of many difficulties, much valuable work has been carried out in attacking tuberculosis in the County during the period under review, which is for the year ended December 31st, 1917.

I wish to thank you for the encouragement and support which you have given to me in this important work.

All the tuberculosis officers have carried out their work with enthusiasm and marked ability, and the nurses and clerks have rendered valuable help throughout the year.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD.

PART I.

SECTION I.

Notifications of Tuberculosis for the year 1917, and various annual death-rates as indications of the prevalence of Tuberculosis in Kent.

For certain important observations on the subject of the notification of tuberculosis I would refer you to my Annual Reports for the four previous years, viz., 1913, 1914, 1915 and 1916.

Table 1 shows the number of notifications of cases of tuberculosis which have been received in the administrative County of Kent for the period from December 31st, 1916 to December, 29th, 1917, classified according to age, sex, pulmonary or non-pulmonary type.

For purposes of comparison between the notifications of, and deaths from, phthisis and other tuberculous diseases, I have included Table 2, showing these details for each sanitary district in the Administrative County of Kent, together with the average number of deaths for the five years 1913-1917.

Public Health (Tuberculosis) Regulations, 1912.

TABLE 1.—Summary of Notifications during the period from the 31st December, 1916, to the 29th December, 1917, in the County of Kent.

Age-periods.	Notifications on Form A. (by general medical practitioners)												Notifications on Form B. (by school medical practitioners)				Number of Notifications on Form C.			
	Number of Primary Notifications.												Number of Primary Notifications.						Total Notifica- tions on Form B.	
	Total Notifi- cations on Form A												Total Primary Notifica- tions.							
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards.	Total Primary Notifica- tions.	Un- der 5	5 to 10	10 to 15	Total Primary Notifica- tions.	Poor Law Institu- tions.	Sana- toria.		
Pulmonary Males	2	5	26	24	76	85	192	164	77	47	11	709	—	13	6	19	14	167		
“ Females	—	8	24	41	99	88	155	87	55	29	8	594	—	9	8	17	12	86		
Non-pulmonary Males	7	46	39	29	23	6	9	7	10	5	1	182	—	2	3	5	4	4		
“ Females	3	26	32	40	31	21	20	11	4	5	3	196	—	6	5	11	3	7		

TABLE 2.—Number of cases of Tuberculosis notified in each district in Kent under the Public Health (Tuberculosis) Regulations, 1912, during 1917, together with the number of deaths occurring from Tuberculosis and the average figures for five years (1913-1917).

URBAN DISTRICTS.	Total Estimated Population, 1917.	Notifications, 1917.			Deaths.						RURAL DISTRICTS.	Total Estimated Population, 1917.	Notifications, 1917.			Deaths.								
					Pulmonary.			Other.								Pulmonary.			Other.					
		Pulm.	Other.	Total.	Average of five years, 1913-1917.	1917.	Rate per 1,000, 1917.	Average of five years, 1913-1917.	1917.	Rate per 1,000, 1917.			Average of five years, 1913-1917.	1917.	Rate per 1,000, 1917.	Pulm.	Other.	Total.	Average of five years, 1913-1917.	1917.	Rate per 1,000, 1917.	Average of five years, 1913-1917.	1917.	Rate per 1,000, 1917.
Ashford	15,305	15	2	17	12	14	1.0	6	5	0.4	Ashford, East	14,414	11	2	13	10	7	0.5	3	2	0.2			
Beckenham	34,124	32	10	42	22	27	0.8	8	11	0.4	Ashford, West	7,229	7	3	10	8	8	1.2	1	—	0.0			
Bexley	23,356	36	9	45	16	23	1.0	6	6	0.3	Blean	7,384	10	7	17	8	13	1.8	2	2	0.3			
Broadstairs and St. Peter's	7,974	9	9	18	7	5	0.7	3	4	0.6	Bridge	10,269	12	1	13	10	10	1.0	2	3	0.3			
Bromley (Borough)	35,539	34	7	41	27	26	0.8	8	10	0.3	Bromley	22,787	10	3	13	20	13	0.6	7	8	0.4			
Chatham (Borough)	40,600	82	30	112	54	50	1.3	15	7	0.2	Cranbrook	12,159	15	2	17	9	15	1.3	3	5	0.5			
Cheriton	5,643	3	1	4	6	4	0.8	2	1	0.2	Dartford	45,433	97	26	123	41	41	1.0	16	13	0.3			
Chislehurst	9,046	12	2	14	5	3	0.4	2	2	0.3	Dover	7,263	6	2	8	6	9	1.3	3	3	0.5			
Dartford	23,417	29	2	31	19	23	1.0	5	9	0.4	Eastry	13,661	15	2	17	12	15	1.1	3	2	0.2			
Deal (Borough)	11,070	9	3	12	12	14	1.3	5	2	0.2	Elham	7,714	11	2	13	6	8	1.1	2	3	0.4			
Dover (Borough)	39,779	24	6	30	41	37	1.0	17	10	0.3	Faversham	15,151	9	3	12	13	11	0.8	3	7	0.5			
Erith	36,929	66	15	81	27	34	1.0	8	8	0.3	Hollingbourn	12,369	22	3	25	10	11	0.9	3	4	0.4			
Faversham(Borough)	13,276	18	—	18	11	14	1.1	5	4	0.4	Hoo	4,429	3	—	3	2	4	1.0	1	—	0.0			
Folkestone(Borough)	35,510	34	7	41	30	35	1.0	11	8	0.3	Maidstone	16,181	19	7	26	17	13	0.9	7	4	0.3			
Footscray	9,050	9	1	10	6	6	0.7	3	2	0.3	Malling	23,521	54	10	64	21	20	0.9	9	14	0.6			
Gillingham (Borough)	49,130	48	15	63	52	54	1.1	17	21	0.5	Milton	13,812	16	4	20	12	18	1.4	2	4	0.3			
Gravesend (Borough)	29,910	12	4	16	31	34	1.2	9	13	0.5	Romney Marsh	2,678	2	2	4	4	—	0.0	1	1	0.4			
Herne Bay	7,641	17	6	23	9	11	1.5	2	5	0.7	Sevenoaks	22,784	61	12	73	21	26	1.2	5	5	0.3			
Hythe (Borough)	7,450	6	—	6	5	7	1.0	1	—	0.0	Sheppey	4,134	—	—	—	3	1	0.3	1	1	0.3			
Lydd (Borough)	2,385	2	—	2	2	3	1.3	—	—	0.0	Strood	16,380	24	6	30	13	12	0.8	6	9	0.6			
Maidstone (Borough)	34,329	116	3	119	46	48	1.4	11	8	0.3	Tenterden	5,859	3	—	3	5	4	0.7	—	—	0.0			
Margate (Borough)	21,639	56	44	100	22	31	1.5	9	8	0.4	Thanet	9,909	14	2	16	11	13	1.4	4	—	0.0			
Milton Regis	7,465	10	1	11	6	10	1.4	2	1	0.2	Tonbridge	17,441	19	3	22	19	34	2.0	6	7	0.5			
New Romney (Borough)	1,290	—	—	—	1	—	0.0	—	—	0.0	Total in Rural Dists.	312,961	440	102	542	282	306	1.0	89	97	0.4			
Northfleet	15,184	10	7	17	15	22	1.5	6	6	0.4	„ Urban „	716,568	968	297	1,265	677	749	1.1	226	217	0.4			
Penge	23,937	26	10	36	22	24	1.1	8	5	0.3														
Queenborough (Borough)	3,245	3	2	5	1	—	0.0	1	—	0.0														
Ramsgate (Borough)	23,813	54	19	73	35	47	2.0	9	8	0.4														
Rochester (City)	32,211	54	43	97	29	28	0.9	9	13	0.5														
Sandgate	1,918	2	—	2	2	3	1.6	1	1	0.6														
Sandwich (Borough)	3,525	1	3	4	2	2	0.6	2	3	0.9														
Sevenoaks	9,215	10	4	14	9	5	0.6	3	1	0.2														
Sheerness	16,866	18	5	23	15	19	1.2	6	7	0.5														
Sittingbourne	9,205	14	2	16	7	9	1.0	1	3	0.4														
Southborough	6,994	10	—	10	7	6	0.9	2	2	0.3														
Tenterden (Borough)	3,294	4	—	4	4	4	1.3	3	2	0.7														
Tonbridge	14,633	29	5	34	15	18	1.3	4	5	0.4														
Tunbridge Wells (Borough)	34,279	41	17	58	30	33	1.0	11	11	0.4														
Walmer	3,987	9	3	12	2	3	0.8	2	3	0.8														
Whitstable	8,311	1	—	1	9	8	1.0	3	2	0.3														
Wrotham	4,094	3	—	3	3	5	1.3	—	—	0.0														
Total	716,568	968	297	1,265	677	749		226	217		Total for County	1,029,529	1,408	399	1,807	958	1,055	1.1	316	314	0.4			



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TABLE 3.—Death-rates from “ Pulmonary ” and “ Other forms ” of Tuberculosis in the County of Kent during the years 1913-1917, inclusive.

<i>Pulmonary.</i>	1913	1914	1915	1916	1917
Total Urban ..	0.82	0.84	1.00	1.02	1.05
Total Rural ..	0.80	0.89	0.92	0.92	0.98
Total for County ..	0.81	0.86	0.96	0.99	1.01
<i>Other Forms.</i>	1913	1914	1915	1916	1917
Total Urban ..	0.31	0.29	0.33	0.30	0.31
Total Rural ..	0.30	0.25	0.29	0.26	0.31
Total for County ..	0.31	0.28	0.37	0.29	0.31

An examination of, and comparison between, notifications and deaths in Table II, will show that in the following thirty-four *urban districts* and nineteen *rural districts* the notifications for 1917 of pulmonary tuberculosis failed to number more than twice the average number of deaths from this disease, which has been suggested as a reasonable standard to be attained with respect to the efficiency of notification :—

Urban Districts : Ashford, Beckenham, Broadstairs, Bromley, Chatham, Cheriton, Deal, Dartford, Dover, Faversham, Folkestone, Footscray, Gillingham, Gravesend, Herne Bay, Hythe, Lydd, Milton Regis, New Romney, Northfleet, Penge, Ramsgate, Rochester, Sandgate, Sandwich, Sevenoaks, Sheerness, Sittingbourne, Southborough, Tenterden, Tonbridge, Tunbridge Wells, Whitstable and Wrotham.

Rural Districts : East Ashford, West Ashford, Blean, Bridge, Bromley, Cranbrook, Dover, Eastry, Elham, Faversham, Hoo, Maidstone, Milton, Romney Marsh, Sheppey, Strood, Tenterden, Thanet and Tonbridge.

Thus only in the seven *urban districts* of Bexley, Chislehurst, Erith, Maidstone, Margate, Queenborough and Walmer, and the four *rural districts* of Dartford, Hollingbourn, Malling and Sevenoaks, was the relative standard named above reached.

The average annual number of deaths from phthisis or pulmonary tuberculosis in all the forty-one urban districts of Kent for the five years ended December 31st, 1917, was 677, and the total number of notifications of this disease received from these urban districts during 1917 was 968. The figures for the twenty-three rural districts were 282 and 440 respectively.

Therefore, there is great room for improvement towards an efficient notification of pulmonary tuberculosis in Kent.

SECTION II.

Special Preventive Measures adopted in the County during 1917.

Bacteriology.

The County Bacteriological Laboratory at the Sessions House, Maidstone, has continued to afford facilities for the examination of specimens of sputum, etc., from patients suspected to be suffering from tuberculosis of the lungs and other organs.

During the year 1917, the specimens of sputum examined in this laboratory numbered 1,948. Of this number, 491 specimens contained tubercle bacilli, and in 1,457 specimens these bacilli were not found. This is a very satisfactory record of work carried out in this direction.

As showing the increase in this branch of work the following figures are interesting :—

Year.	Sputum Specimens Examined.	Percentage Positive.	Year.	Sputum Specimens Examined.	Percentage Positive.
1912	362	37%	1915	1831	29%
1913	882	30%	1916	2100	26%
1914	1539	33%	1917	1948	25%

Dr. Newshome has stated that classification of cases of pulmonary tuberculosis should be based on whether or not, after repeated examination of sputum, tubercle bacilli have been found at any stage of the patient's illness. In the records issued by the Local Government Board, this is made the basis of the primary classification of all cases treated in connection with official schemes.

Educational Measures.

These have been continued, as far as possible, during the year, in the way of advice to patients by tuberculosis officers and nurses, home visitation, the provision of sputum flasks and cups, the distribution of my little handbook concerning precautionary measures which should be followed by tuberculous patients, disinfection, etc.

The Provision of Shelters.

The seventy-seven shelters in use have been appreciated greatly by the patients throughout the year. The work of moving them from one district to another has been by no means easy, and it has also been more expensive.

Shelters are, generally speaking, loaned to patients in the early stages of the disease, and only to those who are able to sleep out of doors without risk, and are willing to do so. They are, however, occasionally given to some advanced cases where it is necessary to isolate the patient from other members of the family, or where the house is overcrowded.

The shelters are inspected periodically by the tuberculosis officers and by the nurses on the occasion of their visits to patients, and any defects noticed are remedied.

All shelters are disinfected by the Local Public Health Authority, before they are removed from the house of one patient to another.

Housing Conditions.

Communications have been sent regularly during the year to district medical officers of health respecting insanitary home conditions discovered by the tuberculosis officers and nurses.

PART II.

SECTION I.

Tuberculosis Dispensary Organisation.

Satisfactory progress has been made with the dispensary organisation during 1917, in spite of the war.

There are twenty-one tuberculosis dispensaries in full working order in Kent, and one "calling station."

Two of the whole-time tuberculosis officers are on military service, and I am greatly indebted to the remaining three whole-time and two temporary part-time officers for their loyalty and co-operation during a most difficult and strenuous period.

The following Table shows the present arrangements :—

District No. 1.

(Tuberculosis Officer in Charge, DR. F. CLARK.)

Dartford	..	41, Overy Street	..	Wednesday, 2 to 3 p.m., and 5 to 6 p.m.
Gillingham	..	228, Nelson Road	..	Tuesday, 9 to 10.30 a.m. Friday, 2 to 3 p.m., and 5 to 6 p.m.
Gravesend		199, Parrock Street		Saturday, 10 to 11 a.m.
Rochester	..	13, New Road	..	Tuesday, 2 to 3 p.m., and 5 to 6 p.m. Friday, 9 to 10.30 a.m.
Sheerness	..	61, Alma Road	..	Monday, 10 to 11 a.m.
Herne Bay	..	16, High Street		11 a.m. to 12 noon
Whitstable	..	Dr. Witney's Surgery		2 to 3 p.m. } 1st Thurs. in each month.

District No. 2.

(Tuberculosis Officer in Charge, DR. H. L. GRABHAM).

Beckenham	.. Fire Station, 6, Bromley Road	Wednesday, 10 to 11 a.m.
Bromley	.. 2, Park Road	Wednesday, 1.30 to 3 p.m.
Maidstone	.. " Pitfield," Marsham Street	Tuesday, 1 to 3.30 p.m. Friday, 1 to 3.30 p.m.
Tonbridge	.. 53, Pembury Road	Monday, 2 to 3.30 p.m. Thursday, 5.15 to 6 p.m.
Tunbridge Wells	34, Calverley Street	Monday, 5.15 to 6 p.m. Thursday, 2 to 3.30 p.m.

District No. 3.

(Tuberculosis Officer in Charge : DR. T. M. PEARCE.)

Dover	.. 9, Eastbrook Place ..	Thursday, 2 to 5 p.m.
Folkestone	.. 80, Dover Road ..	Monday, 1.30 to 6 p.m.
Ramsgate	.. Charlotte Cottage, Market Place	Wednesday, 11 a.m. to 2.30 p.m.
Sandwich	.. 11, S. Peter Street ..	Second Tuesday in each month, from 11 a.m. to 1 p.m.
Ashford	.. 1, Barrow Hill Place ..	Friday, 10.30 to 11.30 a.m.
Canterbury	.. 11, Longport Street	Friday, 2 to 3.30 p.m.
(Jointly with the City of Canterbury).		

District No. 4.

(Part-time Tuberculosis Officer in Charge, DR. C. C. A. DE VILLIERS).

Erith	.. 19, Pier Road	Monday, 4.45 to 6 p.m. Thursday, 1.30 to 4 p.m.
Sevenoaks	.. 4, Cramptons Road	Tuesday, 1.30 to 4 p.m.

District No. 5.

(Tuberculosis Officer in Charge : DR. C. Smith).

Faversham	.. 2, Albion Terrace ..	Monday, 11 a.m. to 12.30 p.m.
Sittingbourne	.. Health Office, Chalkwell.	Thursday, 11.30 a.m. to 1 p.m.

The five districts which existed in peace time were described in detail in my annual report for 1914, and a return will be made to this condition on Dr. Hills' and Dr. Carrick's resumption of work at the end of the war.

Dispensary Staff.

During the year there have been several changes in the staff as follows :—

Dr. Reissman resigned as from May 12th, 1917, and was succeeded on May 11th by Dr. F. Clark.

Dr. W. L. Goodridge (part-time) resigned as from June 30th, 1917, and was succeeded on July 1st by Dr. Catherine Smith.

Nurse Furminger resigned as from January 20th, 1917, and was succeeded on March 5th by Nurse L. A. Jackson.

Nurse A. Foster resigned as from November 14th, 1917, and was succeeded on November 15th by Nurse Main.

Nurse Parish (*née* Jackson) resigned as from December 9th, 1917, and was succeeded on January 28th, 1918, by Nurse L. C. Cooper.

Temporary Appointments owing to the war.

Mr. N. Wilson volunteered for military duty as from March 27th, 1917, and Miss M. Norman was appointed to undertake his duties for the period of the war. She commenced duties on March 28th.

Miss H. Souter succeeded Miss H. Rees as temporary clerk attached to No. 1 area, on August 6th, 1917, and was, in turn, succeeded by Miss A. Krelle on November 26th.

DISPENSARY WORK.

The dispensary organisation has been satisfactorily maintained during the year. The services of the tuberculosis officers have been available and freely used, to assist the military authorities in the examination of recruits and in other ways as might be desired. It will also be observed, from the classification of occupations table, that large numbers of soldiers and munitions makers have received dispensary treatment. The following observations relate to the work in each of the four areas.

DISTRICT No. 1.

Dr. Clark has assisted me in writing the following account of the work in his district during 1917 :—

GENERAL OBSERVATIONS.—During the year 1917, 741 new patients have been examined, and there have been 8,493 attendances at the dispensaries, as compared with 608 new cases and 6,900 attendances during 1916. It will be evident, therefore, that it has not been possible to give as much time to each case as the nature of this disease demands, but this is a war condition which will no doubt be rectified in happier times.

CHILDREN.—I entirely concur in Dr. Pearce's suggestion, made in the report for 1916, that the school clinics might with advantage undertake the treatment of the many delicate children who are at present sent to the tuberculosis dispensaries with glandular infections.

NATIONAL SERVICE.—A feature of the year's work has been the number of cases referred by Recruiting Medical Boards to the tuberculosis officer for his opinion. Quite a number of early cases have thus been detected and put under suitable treatment.

TUBERCULOSIS NURSE.—This branch of the work was carried out most efficiently by Miss Foster until November, when she resigned to accept an appointment at Cambridge, and Nurse Main then returned and has continued the very important duties of visiting the homes of the patients and securing the attendance of contacts.

DISCHARGED SOLDIERS AND SEAMEN.—An increasing number of soldiers and seamen who have broken down under the strain of active service, and have developed signs of active pulmonary tuberculosis have come under treatment on their discharge from the Army or Navy.

SUGGESTIONS.—The report of the Medical Officer to the Local Government Board (England and Wales) for the year 1916-1917 shows that deaths from pulmonary tuberculosis have increased during the years 1915 and 1916 in the proportion of 112 to 100 in 1913 and to 104 in 1914, and discusses in detail the defects and difficulties which still hamper the tuberculosis work of this country. It may be helpful, therefore, to examine the headings under which these impediments have been classified, in the light of my experience as a tuberculosis officer in this county and in the county of Northumberland during the past three years.

(1) *The Patient*.—It cannot be too often impressed upon the public generally that pulmonary tuberculosis is curable only in its early stages, and that the progress of the disease is so insidious that many a victim is able to continue his occupation until the destruction of lung tissue has been well established, and at no greater inconvenience than a feeling of profound exhaustion at the end of each day's work. For this reason, the patient often does not seek medical advice until the disease is well established, and is amenable to palliation only and not to cure. Even when the diagnosis has been made and the patient informed, he is often unwilling to abandon his work and accept sanatorium treatment, partly from a desire to conceal the malady from his employer, lest he may be dismissed, and partly owing to the knowledge that his family will be unable to subsist on the sick pay which he is entitled to draw from the insurance fund or benefit society. These conditions have been greatly aggravated during the war, owing to the higher cost of living, the greater demand for labour and the very strong temptation to work overtime at a high rate of remuneration. The remedies which suggest themselves are (i.) that one must spread the knowledge more widely among the workers, of the insanitary conditions—both in the home and the workshop—which specially conduce to this disease, and of its early symptoms, excessive fatigue at the end of the day's work often associated with slight feverishness, progressive loss of weight, night sweating, and sometimes, but not always, slight hoarseness or an irritating cough which is often unaccompanied by any sputum; (ii.) an extension of the system of insurance among married workers, which will suffice to guarantee a continuance of their average household expenditure for a period not exceeding six months from the date of the diagnosis of incipient tuberculosis, provided that the patient proceeds at once to a sanatorium and remains there during the period for which the allowance is paid to his family; (iii.) a sufficiently large addition to the number of beds in sanatoria to abolish the present "waiting lists," or at least to reduce them to such dimensions that no patient suffering from early tuberculosis need wait longer than a month for his turn in a sanatorium.

The report referred to, also brings out the fact that the increase in mortality from pulmonary tuberculosis has been common to both sexes and in much the same proportion, so that the popular impression that exposure of the men in the trenches to severe climatic conditions has

been the main cause of the big increase in these deaths is incorrect. The real explanation is that the war has led to the aggregation of both men and women in large numbers, whether in barracks, in workshops or in recreation sheds, and pulmonary tuberculosis being a communicable disease, has had greater opportunities for spreading, whilst the migration of large numbers of men and women to certain towns, to work at munition factories, etc., has led to overcrowding in the houses, as well as to overwork under more or less unhealthy conditions in the shops.

Under this heading one must also consider the special question of the consumptive soldier who is discharged from the army after a short stay in a military hospital and who thereupon comes within the purview of the civilian authorities. Many of these men are so glad to be free of the discipline of a soldier's life that they refuse all offers of sanatorium treatment, and even the power recently conferred on the Pensions Minister to withhold half the pension in the event of such refusal is no deterrent when the man can get light work which is very well paid owing to the shortage of male labour. There seems to be no reason why these men should not be retained in the army and drafted to military hospitals specially organised for the treatment of cases of early tuberculosis only, and not discharged therefrom unless they are fit to undertake light civilian work or are found unsuitable for further sanatorium treatment. This would help to relieve the strain on the civilian sanatoria, and reduce the inordinate length of the present "waiting lists," which are in all probability the chief cause of our failure to deal effectively with this vast problem. The Pension Minister's control over a moiety of the pension should be retained, to restrain the patient from accepting unsuitable work and to enforce compliance with those sanitary conditions in the home which are so essential to the health of the convalescent consumptive.

(2) *The Private Practitioner*.—One of the most striking results of the war has been the depletion of the ranks of the civilian medical practitioners to supply the needs of the army, with the result that those who still remain in private practice are greatly overworked, and have little time to spare for consultations or for those detailed and repeated examinations which are necessary for the detection of the earliest signs of pulmonary tuberculosis. Even the notification of cases which have already been detected is apt to be overlooked in the rush of work of a more practical character, and it happens therefore that not a few of the patients who attend for the first time at a tuberculosis dispensary have been ailing for several months and the disease is too far advanced for the patient to derive any permanent benefit from sanatorium treatment. A not infrequent history is that a patient has been treated, for perhaps several months, for recurring attacks of "influenza," and I am convinced that many of these have been cases of tuberculosis from the outset. The patient is kept in bed for a few days with the result that the fever abates and the malaise passes off—he returns to work and in a few

weeks breaks down again with similar symptoms. All such cases should be regarded with grave suspicion by the medical practitioner and the chest and throat searched, and the sputum examined for evidence of early tubercular infection. There is no doubt, moreover, that the delay in getting patients sent away to a sanatorium after notification, owing to the length of the "waiting lists" has led to many private practitioners becoming disheartened and losing interest in the question of sanatorium benefit, and this may be one of the reasons for the neglect to notify cases in their early stages.

(3) *The Tuberculosis Officer*.—The demand for medical officers for the army has withdrawn many of the more experienced tuberculosis officers from this special work, while those who remain have had to undertake larger areas and attendances at a greater number of dispensaries, with the result that the work is done at a higher pressure than before the war and less time can be given to each patient. There has, however, been no abatement in the examination of contacts from the homes of the infected, whilst the local practitioners and the local medical officers of health have all been most cordial in their co-operation in the work of this district.

(4) *Sanatoria*.—Regarding the sanatorium as an establishment essentially for the treatment of cases of incipient tuberculosis, it is obvious that the best results can only be obtained where cases are notified in the earliest stages of the disease and are removed to a sanatorium forthwith, and until these two conditions can be fully complied with it is unfair to judge the sanatorium form of treatment by its results. At present, owing to the delay in the detection of the disease and still further delay in securing admission, not a few of the cases admitted to sanatoria have already reached the stage in the progress of the disease at which the prospect of cure is remote or non-existent. Such cases often improve marvellously under sanatorium treatment, for the rest, the open life, the good feeding, and the freedom from anxiety, especially in the case of the unmarried, lead to a temporary arrest of the destruction of lung tissue, so that the patient is frequently able to return to his work for a time, but sooner or later he breaks down again and eventually reaches that stage when further work is out of the question. These three stages of the disease should be treated in separate and distinct institutions, and it would no doubt tend to clarity of thought on the subject if they were given entirely different names, so that every case should be classified, at each examination by a specialist in these diseases as either :—

A.—Curable—for treatment in a sanatorium.

B.—Improvable—for treatment in a chest hospital.

C.—Incurable—for treatment in an infirmary.

A few cases would no doubt be drafted direct from the sanatorium to the hospital or even to the infirmary (by which I do not mean a poor law institution but literally a home for the infirm), and some from the

hospital to the infirmary, but the main result would be that curable cases would associate with curable cases; that improvable cases would be given periods of rest and thus their working days prolonged in the interests of the nation, and that the incurable cases would be, if they so desired, removed from their home surroundings at a period when they are so often the greatest danger to the rest of the family, and when they need continuous nursing, which is seldom available at home.

Concurrently with the provision of institutional treatment, it is essential that the home surroundings of the patients should be improved so that they may continue the healthier life which they are taught to observe in the sanatorium. This implies, as the Medical Officer to the Local Government Board points out, a yet closer collaboration between the work of the tuberculosis officer and that of the local medical officer of health, which can only be adequately secured by greatly limiting the area covered by each tuberculosis officer—a reform which must await the conclusion of the war.

DISTRICT No. 2.

Dr. Grabham has assisted me in writing the following account of the work in his area during 1917 :—

During the year there has been a large increase in the number of patients attending the dispensaries. On 18th April, 1917, I took over the charge of the Bromley Dispensary, and on 4th July, 1917, that of Beckenham Dispensary. These dispensaries are held on Wednesday, which was formerly my free day for visiting; owing to this and the restricted train service the number of visits to patients has been greatly reduced. In some cases form Med. 2 has had to be used.

A large number of men were sent to the dispensaries for examination by the Army Medical Boards. At Maidstone 198 recruits were examined for the Maidstone Board, and at the other dispensaries men were examined for the Woolwich and London Boards. On one afternoon twenty-four men were examined and reports sent in, in addition to the usual dispensary work. This, of course, meant that the regular patients could not be given the usual attention, but they cheerfully submitted to this. When the National Service Medical Board took over the work of the Army Board the number of men sent for examination was greatly reduced.

Many of these recruits were found to have definite signs of tuberculosis, and on rejection from the army were advised to consult their private doctor or to attend the dispensary.

The number of new patients at Maidstone shows an increase of 116 over 1916, after deducting the recruits sent for examination, and the total attendances show an increase of 1,472, or more than double the total attendances of 1916.

At Tonbridge there were 124 new cases (an increase of sixty-nine), and the total attendances were 371 more than last year.

At Tunbridge Wells there were 119 new cases (an increase of forty-one), and the total attendances were 283 more than last year. At these three dispensaries there was an increase for the year of ninety-five new patients who had definite signs of tuberculosis. There was a small increase in the number of new patients at Bromley and Beckenham, but the total attendances for the year show a decrease, though the attendances at the latter part of the year were more than double those in the early part.

It is impossible to treat all the new patients who attend the dispensaries. A large proportion of them are not sent by a doctor, but come on the recommendation of friends, and only those with definite disease, or suspicious signs and bad family histories are given treatment. Many people seem to think that the dispensaries are places where anyone with a cough or pain in chest, or who feel run down, can come for a bottle of medicine and a supply of cod liver oil. In every case, to avoid disappointment, this type of patient is told that, though not suitable for treatment, he or she can come to the dispensary at any time for another examination and many subsequently avail themselves of this offer.

Unfortunately, during the year there has been unavoidable delay in admission of patients to institutions owing to the large waiting list and the restricted number of beds available, and a number of patients with early disease, owing partly to bad home conditions and want of proper food, have either died or become too advanced for any hope of the arrest of the disease, before their turn for admission has been reached.

Insured patients have much benefited by ancillary nourishment, but owing to increased prices, a number of patients who, in ordinary times would not have needed this help, have applied for it and there has been some delay in granting it owing to the long waiting list. So many requests have been received for nourishment to be given immediately that if they were all granted, the waiting list of urgent cases would be as long, or longer, than the ordinary list.

It would be of great help in many cases if arrangements could be made with hospitals in various parts of the county for patients to be examined by X-rays and a report sent to the tuberculosis officer. This form of examination is most useful in suspected cases of tuberculosis of the bones and joints, and is often the only means of diagnosing tuberculosis of the bronchial glands in many children. At present, patients usually have to obtain an out-patient's letter for a hospital, which often they will not trouble to do. In some cases the hospital authorities have courteously sent in a report together with the skiagrams, but in other cases no information has been received, even when the patient has been sent with a letter to the hospital.

No tuberculin has been used in lung cases, but twenty-four cases of surgical tuberculosis have been given a course of injections, usually with marked benefit.

I have again received great assistance from the nurses and staff in my own area, and in the other two districts in which I am doing temporary work.

DISTRICT No. 3.

Dr. Pearce has assisted me in writing the following account of the work in his district during 1917 :—

DOMICILIARY TREATMENT.—Domiciliary treatment has not been very satisfactory during the past year, no doubt largely because of the small number of medical practitioners available to give it. Domiciliary treatment is indicated in general, in three different conditions.

(1) For advanced and hopeless cases. One must admit that under the present state of things, these patients do not get the medical and nursing attention they need for their comfort and to ease their end, nor in the majority of cases are any efficient means adopted to prevent the patients being sources of danger to others in their homes. Domiciliary treatment, as at present carried out, is in no way calculated to lessen the spread of tuberculosis, far from it.

(2) For quiescent cases who for various reasons, such as work, or distance from a dispensary, do not want dispensary treatment. These patients do not see their doctor unless some intercurrent illness or relapse occurs. Quarterly reports relative to them are often returned with a note, “ not seen since last report,” and I have had some returned absolutely blank.

(3) For early cases with acute onset, who have a good prospect of obtaining a considerable degree of quiescence, if their treatment begins with some weeks' or months' rest in bed. It is most difficult to get medical practitioners to realise this. Because the patient looks well and feels equal to it, walking exercise is advised, irrespective of the fact, that a regularly kept temperature chart would show the patient to be in an “ ambulant febrile ” condition. It is no doubt much easier to get patients to keep a temperature chart and work by it in the dispensary, than it is at home, but “ domiciliary treatment ” is a definite form of Sanatorium Benefit, specially paid for under the Insurance Act, and it deserves more interest and time than it receives at present.

There is now very little time available to the tuberculosis officer in this area, for domiciliary visiting, and it is practically impossible to

make appointments to meet the doctors, when one is looking up patients on domiciliary treatment. I am certain that the frequent visitation of patients on this form of Sanatorium Benefit, especially if one meets the doctor, is most useful and necessary and tends to maintain the standard of interest and treatment these patients receive. No tuberculosis scheme can be satisfactory without provision for adequate home visiting by the tuberculosis officer in conjunction with the doctor in attendance.

DISPENSARY TREATMENT.—Dispensary treatment has been most satisfactory as far as the numbers attending goes, but not so satisfactory from the point of view of the time and attention available for each individual patient. The making of celluloid splints for spinal, hip and other joint diseases, has been continued at Folkestone. This work is very satisfactory, and the results are most encouraging. Miss Harvey, the tuberculosis nurse, has charge of this department, and the patients owe much to the great interest she takes in this work, and her skill in making the splints.

INSTITUTIONAL TREATMENT.—Institutional treatment appears to have been necessarily almost reserved for discharged soldiers and sailors and it has been very difficult to get patients, especially children, into hospital, for the surgical treatment of tuberculous glands. The Alford Charity at Canterbury have been most helpful to the patients attending the Canterbury dispensary, and have sent several children to convalescent homes, and secured treatment for others at the Canterbury Hospital. Their visitor attends the dispensary most Fridays, and takes a great interest in the work.

I hope in future it may be possible to secure sanatorium treatment for early cases of pulmonary tuberculosis; at present, advanced rather than early cases appear to get what institutional treatment is available, being sent directly from the Army and Navy Hospitals (Commissioners' cases). Early cases are objecting to sanatorium treatment on the ground that they will be living with so many advanced cases. This complaint is not unreasonable. There should be separate wards at any rate, if not separate institutions, for advanced and early cases.

AFTER CARE.—I take this to mean the care of the patient after such a degree of quiescence has been reached as he can hope to obtain, and helping the patient to retain his measure of renewed health. This involves giving him suitable home accommodation, suitable work, and fully recognising the fact that the consumptive, even with arrested disease, is a damaged life, and that in order to maintain his health, he must work less and under better conditions than other people, and so earn less.

The difficulties of "After Care" will, before long, have to be faced on a large scale, for the tuberculous soldiers and sailors being discharged from the services.

DISTRICT No. 4.

Dr. de Villiers has assisted me in writing the following account of the work in his district during 1917 :—

The work at the Erith and Sevenoaks dispensaries has progressed very satisfactorily. Medical practitioners have greatly, and courteously, assisted by either sending cases, or, in a large number of instances, themselves bringing their patients for mutual examination and observation. Especially has this been the case at Sevenoaks. This has helped very much with the ideal of making the dispensaries the centres of observation and control.

Domiciliary reports also have been sent in very satisfactorily.

A large number of cases have been sent up by the military authorities for examination, opinion and report. Most of these have become new patients. A very considerable number has also been sent for treatment, as discharged from the navy or army ; or, who have been rejected by the medical boards, either totally or to be kept under observation. This work as regards the services, is becoming quite an important branch of the dispensary work and is of considerable assistance in collecting new cases.

The military authorities have, in every case, been kind enough to accept the opinion expressed at the dispensary, even in very doubtful cases with contradictory sputum results. This has usually been justified by signs and symptoms appearing after keeping the patient under observation and treatment for some time ; a fortunate and satisfactory result for the conscience of the tuberculosis officer.

On account of the large number of patients it is not possible to have as frequent re-examinations as one would wish. For this reason also, unnecessary visits have not been encouraged. Good results have been obtained by the energetic collection and examination of contacts. Those found positive were usually cases of old standing and more likely to have been the original source of infection.

Obtaining these contacts was largely due to the energetic influence and persuasion of nurse, but, especially at Sevenoaks, it was pleasing to note that many contacts came up for examination of their own accord.

May I here express my appreciation of the efficient, willing and kindly assistance rendered by the nurse and clerk, both in dispensary work and in what is of the utmost importance, visiting work. In this latter, a tactful persuasion, an infective optimism, and a methodical supervision of elementary hygiene by nurse, form the foundations of all preventive and curative tuberculosis work.

My opinion as regards children is probably not quite impartial, but I may hope to have considerably retarded the development of tuberculosis in later life by keeping under observation and treatment for some time all children who showed suspicious signs of infection, and who had a strong family history of tuberculosis. These signs are often, and in fact usually, very unsatisfactory and vague, even in cases that shortly afterwards burst into full activity. Many of these have, unfortunately, given the utmost justification for such observation and treatment. Many, if not most, members of phthisical families, children and adults, exhibit more or less severe signs and symptoms of anæmia, and it seems advisable, in at least suspicious cases, to treat this, and to thus increase the fighting power of the individual against latent infection.

As regards institutional treatment, the much larger number of cases, the limited accommodation, the shortage of medical and nursing staffs and war conditions, have necessarily tended to great difficulties, and against early admittance to a sanatorium after such recommendation. There seems to be a great and urgent demand for early and extended institutional treatment, after-treatment on working farm colonies, and lastly and of great importance, for improved housing conditions. An extended and increased system of ancillary treatment would be of great assistance.

The numbers of patients at the dispensaries have greatly increased, and, since the number of attendances largely depends on how often a patient is asked to attend, a few comparisons are elucidating as to general progress. I should like to draw special attention to the remarkable increase at Sevenoaks, where the dispensary serves a very scattered and rural district and patients have to come long distances.

ERITH.

Year.	New Patients.	No. of Attendances.	No. Attending at end of Year.	Contacts Examined.
1916	134	1101	60	36
1917	194	1378	161	48

Five *contacts* were found positive, and nine were kept under observation.

SEVENOAKS.

Year.	New Patients.	No. of Attendances.	No. Attending at end of Year.	Contacts Examined.
1916	34	260	39	17
1917	97	609	108	36

Eight *contacts* were found positive, and eleven kept under observation.

TRAVELLING EXPENSES OF PATIENTS AND PROVISION OF SURGICAL APPLIANCES.—The Kent County Council have agreed to the principle of granting travelling expenses to uninsured tuberculous patients travelling to and from the dispensaries in necessitous cases, and also to the provision of surgical appliances as part of the treatment offered (dispensary or institutional).

The statistical information on pages 25 to 27 relates to the dispensary organisation provided by the Kent County Council, and on pages 31 to 35 to Sanatorium Benefit provided by the Kent Insurance Committee. The areas into which the county is divided for the purposes of these figures are the same as last year, and are shown in detail in Tables 6 and 14.

TABLE 4.—Showing Occupations of Patients who received Dispensary Treatment, in each Area, during 1917.

MALES.

Occupations.	AREA.				
	No. 1.	No. 2.	No. 3.	No. 4.	Total
Agents, including Travellers, Collectors, etc.	1	12	5	3	21
Attendants of all kinds	—	1	—	—	1
Building Trades, including Painters, Decorators, Carpenters, Joiners, Plumbers, etc.	—	11	12	13	36
Carmen, including Chauffeurs, Motormen, Carriage Drivers, Engine Drivers, etc. ..	—	21	8	11	40
Clerks, including Secretaries, Valuers, Reporters, etc.	2	37	10	30	79
Domestic Servants, including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, Waiters	—	20	19	13	52
Engineers, including Instrument Makers, Toolmakers, etc.	—	2	—	41	43
Factory and Mill Workers, including Paper makers, Leather makers, etc. ..	1	9	—	32	42
Labourers of all kinds, both skilled and unskilled	2	84	22	34	142
Mechanics, including Boilermakers, Engine-makers, Brass Finishers, Ironfounders, etc.	3	28	15	30	76
Miners	—	—	1	—	1
Musicians, including Piano Tuners, etc. ..	—	1	—	2	3
Postmen, Policemen, Firemen, etc. ..	3	5	9	7	24
Printers, including Compositors, etc. ..	—	5	2	3	10
Railway Workers, including Carriage Cleaners, Repairers, Platelayers, Porters, Guards	1	17	2	—	20
School Children, and Children under School Age	128	189	116	109	542
Shipwrights, including Ships' Fitters, Ships' Riggers, Cable Workers, etc.	—	—	—	6	6
Shopkeepers and Shop Assistants	5	8	11	3	27
Soldiers, Sailors, including ex-Soldiers and ex-Sailors	2	53	37	47	139
Stokers	—	—	—	1	1
Tailors and allied Tradesmen	3	1	4	1	9
Teachers	—	3	1	—	4
Tradesmen, including Butchers, Bakers, Dairymen, Grocers, etc.	1	30	12	14	57
Watermen, including Bargemen, Lightermen, Seamen, etc.	—	1	2	2	5
Unknown, various, or of no occupation ..	46	19	14	13	92
Total, Males	198	557	302	415	1472

This table includes both insured and uninsured patients.

FEMALES.

Occupation.	AREA.				
	No. 1.	No. 2.	No. 3.	No. 4.	Total.
Clerks	1	7	6	11	25
Domestics, including Housewives, Cooks, Nurses, etc.	115	138	131	97	481
Factory Workers	—	17	4	2	23
Laundresses	—	8	5	—	13
Munition Workers	—	6	2	23	31
Printing Trades	—	3	—	—	3
School Children, and Children under School Age	110	193	135	112	550
School Teachers	—	1	4	—	5
Shop Assistants	—	13	9	3	25
Tailoresses, including Dressmakers	4	3	4	—	11
Unknown, or of no occupation	38	3	—	6	47
Various	2	11	5	—	18
Total, Females	270	403	305	254	1232

This table includes both insured and uninsured patients.

TABLE 5.—Showing the Age Classification of Patients who received Dispensary Treatment, in each Area, during 1917.

Age.	DISPENSARY AREA.				Totals.
	No. 1.	No. 2.	No. 3.	No. 4.	
1—5	58	59	52	32	201
5—15	244	308	208	189	949
15—25	34	215	132	159	540
25—35	63	192	95	151	501
35—45	51	138	77	99	365
45—55	14	37	35	28	114
55—65	4	11	7	8	30
65—75	—	—	1	3	4
Totals	468	960	607	669	2704

This Table includes both insured and uninsured patients.

TABLE 6.—Showing particulars of New Patients, Contacts, Diagnosis, Attendances and Deaths for 1917, and Patients attending Dispensary at end of year, in respect of each Dispensary and each Tuberculosis Officer's Area.

respect of each Dispensary and each Tuberculosis Officer's Area.																													
Name of Dispensary.	Times Open.	*New Patients.						Contacts Examined.						Diagnosis.						Attendances, Old and New Patients.			Deaths during 1917.	Patients attending or under observation on December 31st. 1917.					
		Insured.		Uninsured		Total.		Tuber- culous.		Non- Tuber- culous.		Under Observa- tion.		Pulmonary Tuberculosis.	Surgical Tuberculosis.	Bronchitis Bronchiectasis.	Other Diseases.	No Disease.	Under Observation.	Insured.	Uninsured.	Total.		Insured.		Uninsured.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.											M.	F.	M.	F.	M.	F.
Area No. 1.																													
Faversham ..	49	17	8	8	16	25	24	1	1	—	—	3	3	29	6	2	1	7	4	415	357	772	3	47	22	27	64	74	86
Gillingham ..	96	56	16	52	69	108	85	1	5	1	—	8	14	81	39	6	3	15	4	1,118	1,322	2,440	5	121	40	84	144	205	184
Herne Bay ..	5	7	2	5	8	12	10	—	1	—	—	—	—	13	3	—	—	—	6	23	20	43	—	9	4	2	7	11	11
Rochester ..	96	73	32	73	108	146	140	11	7	5	10	2	12	108	72	11	9	22	64	1,597	1,466	3,063	11	137	59	96	193	233	252
Sheerness ..	44	15	4	17	25	32	29	2	1	1	—	1	1	25	14	3	—	4	15	393	455	848	6	34	19	31	70	65	89
Sittingbourne ..	48	18	18	43	39	61	57	2	—	1	2	1	1	50	13	4	5	12	34	539	737	1,276	10	107	33	84	123	191	156
Whitstable ..	11	5	2	1	4	6	6	—	—	—	—	—	—	9	1	—	—	—	2	25	26	51	1	4	3	5	6	9	9
Totals for Area No. 1	349	191	82	199	269	390	351	17	15	8	12	15	31	315	148	26	18	60	174	4,110	4,383	8,493	36	459	180	329	607	788	787
Area No. 2.																													
Maidstone ..	96	254	52	86	127	340	179	11	21	43	34	10	14	126	38	17	21	170	147	1,181	1,575	2,756	17	20	15	35	60	55	75
Sevenoaks ..	46	7	12	35	43	42	55	4	4	11	6	3	8	12	23	6	1	21	24	157	452	609	5	8	6	40	54	48	60
Tonbridge ..	97	26	15	36	47	62	62	1	1	12	23	2	6	22	13	3	1	39	41	474	709	1,183	9	22	7	21	35	43	42
Tunbridge Wells ..	97	44	15	24	36	68	51	1	—	8	5	3	3	23	9	2	3	39	23	425	505	930	8	11	8	17	26	28	34
Totals for Area No. 2	336	331	94	181	253	512	347	17	26	74	68	18	31	208	83	28	26	269	235	2,237	3,241	5,478	39	61	36	113	175	174	211
Area No. 3.																													
Ashford ..	48	23	12	26	47	49	59	2	2	2	3	1	3	42	10	4	7	16	29	327	386	713	9	26	13	23	50	49	63
Canterbury ..	48	17	9	20	37	37	46	3	7	3	8	2	2	31	12	3	5	13	19	193	294	487	8	21	14	27	21	48	35
Dover ..	96	40	10	34	55	74	65	3	7	7	13	2	7	47	16	7	11	23	35	506	480	986	9	31	13	42	53	73	66
Folkestone ..	96	25	13	34	69	59	82	2	7	3	12	2	8	47	18	9	6	34	27	436	611	1,047	12	35	18	41	59	76	77
Ramsgate ..	96	30	15	31	28	61	43	2	1	2	3	1	1	58	16	1	2	13	14	294	395	689	11	13	9	22	21	35	30
Sandwich ..	11	11	1	10	10	21	11	1	—	2	2	—	1	15	3	1	2	7	4	102	49	151	6	18	4	11	12	29	16
Totals for Area No. 3	395	146	60	155	246	301	306	13	24	19	41	8	22	240	75	25	33	106	128	1,858	2,215	4,073	55	144	71	166	216	310	287
Area No. 4.																													
Beckenham ..	49	31	8	4	14	35	22	—	—	2	2	—	—	39	—	2	1	10	9	252	115	367	9	18	14	12	14	30	28
Bromley ..	49	48	10	30	21	78	31	—	1	1	10	2	2	48	10	2	1	44	20	370	358	728	7	16	12	29	22	45	34
Dartford ..	66	98	17	18	26	116	43	—	4	5	6	2	3	61	15	7	6	67	23	435	234	669	19	42	16	21	31	63	47
Erith ..	91	83	35	29	47	112	82	—	5	15	19	4	5	74	12	2	1	67	38	795	583	1,378	15	54	12	36	59	90	71
Gravesend ..	47	27	12	28	25	55	37	2	—	2	6	3	5	42	15	5	1	26	21	541	550	1,091	17	28	15	27	32	55	47
Totals for Area No. 4	302	287	82	109	133	396	215	2	10	25	43	11	15	264	52	18	10	214	111	2,393	1,840	4,233	67	158	69	125	158	283	227
Grand Totals for Whole County ..	1,382	955	318	644	901	1,599	1,219	49	75	126	164	52	99	1,027	358	97	97	649	648	10,598	11,679	22,277	197	822	356	733	1,156	1,555	1,512

* These columns include all new Patients who attended at the Dispensaries, whether or not they were actually treated.

TABLE 7.—Showing the numbers of Bottles of Medicine given to Patients attending the Tuberculosis Dispensaries, in each Area, during 1917.

Dispensary Area.	Malt and Cod Liver Oil (including Malt Extract).	Cod Liver Oil Emulsion.	Cod Liver Oil.	Stock Mixtures.	Prescriptions.
No. 1.	8,600	3,900	1,400	6,891	581
2.	3,120	1,318	—	1,922	292
3.	4,443	758	201	2,329	993
4.	4,240	1,280	585	4,754	271
Totals ..	20,403	7,256	2,186	15,896	2,137

WORK OF TUBERCULOSIS NURSES.—The following table shows the numbers of visits to the homes of patients, paid by the whole-time and part-time tuberculosis nurses respectively, during the year 1917.

TABLE 8.

Whole-time.

Area No. 1.	Nurse Anderson	..	..	..	707
Area No. 2.	Nurses Foster and Main		..	..	676
Area No. 3.	Nurse Workman	..	..	..	561
Area No. 4.	Nurse Harvey		..	..	*305
Area No. 5.	Nurse Bailey	..	..	..	605

Part-time.

Beckenham.—Nurses Day and Cusack	..	241
Bromley.—Nurses Bayle and Wide	.. ..	121
Sevenoaks.—Nurses Randolph and Stringer	..	127
Sittingbourne.—Nurses Furminger and Parish	..	83
Sheerness.—Nurse Dockrill	.. ..	175
Total	.. ..	3,601

*Nurse Harvey devotes a considerable amount of time to the manufacture of splints, in addition to attendances at six dispensaries, and is therefore unable to devote such a large amount of time to home visiting as the other whole-time nurses.

SECTION II.

Tuberculosis Institutional Organisation.

(a) Lenham Sanatorium.

The building of the County Council's sanatorium for consumptives at Lenham was completed during the year. Owing to difficulties of staffing, however, it was decided not to open the sanatorium for the reception of patients. The Army Council have taken over the building temporarily as a hospital for tuberculous patients of the Canadian forces.

(b) Keycol Hill Hospital Beds.

The forty beds at this institution have been in full use during the year, and have been reserved for insured patients. Dr. Robson, Medical Superintendent, has supplied the following account of the working of the tuberculosis pavilion :—

During the period covered, one hundred and forty-three cases have been admitted to the sanatorium; sixty-six of these have been women and seventy-seven men.

During the same period one hundred and forty-one cases have been discharged, and there have been eight deaths.

The average period of treatment of each case has been about thirteen weeks: a few of the cases were under treatment for periods under a month, while several have had treatment for six months and upwards.

Excluding the cases which died—eight in number—the condition of the patient on leaving the sanatorium has been worse in six instances.

All the other cases were improved in health as a result of their stay in the sanatorium, and in forty-one cases the improvement was such as to enable the patient to resume work.

In this connection it is perhaps permissible to point out that in a large number of cases the disease on admission was advanced.

(c) Institutional Treatment of Uninsured Patients Suffering from Tuberculosis.

The following Table shows the number of uninsured patients admitted to various institutions during the year 1917, the number discharged and their condition on discharge :—

TABLE 9. INSTITUTIONAL TREATMENT OF UNINSURED PATIENTS.

Institution.	Admitted during 1917.		Discharged during 1917.		Condition on Discharge.				
	Male.	Female.	Male.	Female.	Fit for Work.	Im- proved.	Without Improve- ment.	Worse.	Died.
Alexandra Hospital, Bloomsbury	1	1	2	—	—	2	—	—	—
Alton Cripple Hospital	3	2	—	—	—	—	—	—	—
Benenden	9	1	10	1	4	6	—	1	—
Bournemouth	10	4	13	3	10	3	2	1	—
Brompton (Frimley)	18	23	11	14	8	11	2	2	2
Cranbrook Convalescent Home	—	2	1	1	—	1	1	—	—
Eversfield Chest Hospital	—	1	—	1	—	—	—	—	—
Fritton Open Air Colony	2	—	—	—	—	—	—	—	—
Gravesend General Hospital	1	4	1	4	1	4	—	—	—
Great Ormond Street Hospital	1	—	1	—	1	—	—	—	—
Harpenden Sanatorium	2	—	2	—	2	—	—	—	—
Hermitage Farm, Whitwell	1	—	1	—	—	—	1	—	—
Hip Hospital, Sevenoaks	—	—	—	1	—	—	—	1	—
Holt Sanatorium	1	1	—	1	—	—	—	1	—
Ide Hill Sanatorium	5	4	4	2	1	4	—	1	—
Keycol Hill Sanatorium	1	—	1	—	—	1	—	—	—
King Edward VII. Sanatorium, Midhurst	2	—	3	—	—	2	1	—	—
Merivale Sanatorium	1	—	—	—	—	—	—	—	—
Mount Vernon Hospital	1	3	1	6	3	3	—	1	—
Nayland Sanatorium	2	20	2	25	10	11	5	1	—
Royal National Sanatorium, Ventnor	—	1	—	1	—	1	—	—	—
Royal Sea Bathing Hospital	4	12	5	9	4	8	2	—	—
Royal Victoria Hospital, Folkestone	4	1	4	2	1	4	1	—	—
St. Catherine's Home, Ramsgate	1	—	—	—	—	—	—	—	—
St. Thomas Hospital	1	1	1	—	—	1	—	—	—
St. Catherine's Home, Ventnor	—	1	—	1	—	1	—	—	—
Victoria Home, Margate	—	2	—	—	—	—	—	—	—
Woodhurst, Dorking	—	9	—	8	—	3	3	2	—
Totals	71	93	63	80	45	66	19	11	2
			143				143		

(d) Institutional Treatment of Insured Patients.

The Kent County Council have entered into an agreement with the Kent Insurance Committee to provide institutional treatment for insured persons suffering from tuberculosis. Under the agreement, the Insurance Committee is to pay to the County Council an annual sum of sevenpence for every ninepence available for the provision of sanatorium benefit other than the domiciliary treatment of tuberculosis, and in return the Council is to provide a minimum number of sixty beds for insured persons, the free use of the Council's dispensaries, and a free supply of shelters. The agreement came into operation on July 1st, 1917.

The County Council has assented to the principle that the needs of insured persons in this matter, so far as they are not met by the Insurance Committee's funds, must be largely supplemented by the Council if the disease of tuberculosis is to be adequately contended with. The Council, by the scheme which has been approved by the Local Government Board, has decided to provide, in all, 215 sanatorium and hospital beds for tuberculous persons in the county, and in filling those beds which remain at the Council's disposal, regard will be had rather to the urgency of each waiting case, than to the question whether the patient is or is not an insured person.

A Table showing the number of insured patients treated in institutions during the whole of 1917, is shown on page 32.

TRAVELLING EXPENSES OF PATIENTS.—The Kent County Council has agreed to the principle of granting travelling expenses to uninsured tuberculous patients travelling to and from institutions for treatment, payment to be made only when recommended by the tuberculosis officer in the case of necessitous patients. Previous to this it was found that lack of means was the cause of a number of patients being unable to accept the treatment offered. The cost of conveyance is also defrayed by the County Council in all cases where it is necessary, owing to distance, for the patient to hire a conveyance to the sanatorium from the nearest station, or vice versa.

SURGICAL APPLIANCES.—In the case of several tuberculous patients it was found necessary during the year to purchase surgical appliances as part of the treatment (institutional or dispensary) offered to patients.

PART III.

SECTION I.

General Administration of Sanatorium Benefit, including Various statistics, for the year 1917.

The general principles in the administration of Sanatorium Benefit which have been described fully in my previous annual reports have again been followed during 1917. The work has been continued vigorously in spite of the war.

During the year 1917, there have been 675 applications for Sanatorium Benefit, of which 487 were from males and 188 from females.

Of these 675 patients, 599 suffered from pulmonary tuberculosis, sixty from non-pulmonary tuberculosis and sixteen from combined pulmonary and non-pulmonary tuberculosis. One hundred and forty applications for Sanatorium Benefit from discharged soldiers and sailors were received through the Insurance Commissioners during 1917, one hundred and fifteen of these patients being admitted to sanatoria on the date of, or shortly after, their discharge from the Army or Navy.

That there is still room for improvement in domiciliary treatment will be gathered from the observations on page 20 of this report, but in these abnormal times, with so many medical men on active service, the difficulties have been extremely great. The number of quarterly reports due, and the number received during 1917, under the Order which continued in force during the year, were as follows :

	Area 1	Area 2	Area 3	Area 4	Total.
Numbers due ..	257	415	204	183	1,059
Numbers received	257	397	181	179	1,014

The numbers of visits paid to patients by the tuberculosis officers during 1917, in Areas Nos. 1, 2, 3 and 4, respectively, were as follows : 145, 39, 137 and 16. Total 337.

Dispensary treatment has been carried out energetically throughout the year, and has been appreciated greatly by the patients who have received it.

The following table shows the number of insured patients admitted to the various institutions during the year 1917, the number discharged therefrom, and their condition on discharge.

TABLE 10.

INSTITUTIONAL TREATMENT OF INSURED PATIENTS

Institution.	Admitted during 1917.			Discharged during 1917.			Condition on Discharge.				
	Civil Male Cases.	* I.C. Cases.	Female.	Civil Male Cases.	* I.C. Cases.	Female.	Fit for Work.	Im- proved.	Without improve- ment.	Worse.	Died.
Benenden Sanatorium	4	30	2	8	19	1	10	9	7	—	2
Bournemouth Sanatorium	10	9	1	5	10	—	9	3	2	—	1
Brompton (Frimley)	11	53	5	6	26	3	14	13	4	1	3
Cranbrook Convalescent Home	—	1	—	—	1	—	—	1	—	—	—
Eversfield Chest Hospital	1	1	1	—	—	—	—	—	—	—	—
Fairlight Sanatorium	—	—	—	—	1	—	—	1	—	—	—
Gravesend Hospital	2	1	4	1	1	5	1	4	1	—	1
Grosvenor Sanatorium	1	1	—	—	3	—	—	1	—	1	1
Home Sanatorium, Bournemouth	1	—	—	1	—	—	—	1	—	—	—
Keycol Hill Hospital	60	16	66	52	23	65	41	75	10	6	8
King Edward VII. Sanatorium	—	1	1	—	—	—	—	—	—	—	—
Mount Vernon Hospital	—	—	1	—	—	—	—	—	—	—	—
Nayland Sanatorium	4	—	10	4	—	11	6	4	3	1	1
Pinewood Sanatorium	1	—	—	1	—	—	—	—	1	—	—
Royal Sea Bathing Hospital	4	—	5	6	—	3	6	3	—	—	—
Royal National Sanatorium, Ventnor	3	—	1	3	—	1	1	1	2	—	—
St. Thomas' Hospital	1	—	—	1	—	—	1	—	—	—	—
West Kent General Hospital	1	2	—	1	2	—	—	1	2	—	—
Totals	104	115	97	89	86	89	89	117	32	9	17
				264			264				

* Insurance Commissioners' Cases—*i.e.* patients admitted to institution on discharge from Army or Navy.

TABLE 11.—Showing Occupations of Patients who were approved for Sanatorium Benefit during 1917.

MALES.

Occupations.	DISPENSARY AREA.				
	No. 1.	No. 2.	No. 3.	No. 4.	Totals.
Agents, including Travellers, Collectors, etc.	1	—	1	2	4
Attendants of all kinds	—	—	3	—	3
Building Trades including Painters, Decorators, Carpenters, Joiners, Plumbers, etc.	1	3	6	5	15
Carmen, including Chauffeurs, Motormen, Carriage Drivers, Engine Drivers, etc.	3	6	2	1	12
Clerks, including Secretaries, Valuers, Reporters, etc.	8	2	7	12	29
Domestic Servants including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, Waiters	—	5	4	6	15
Engineers, including Instrument Makers, Toolmakers, etc.	—	—	2	12	14
Factory and Mill Workers, including Mmunition workers, Paper makers, Leather workers, etc.	6	6	1	13	26
Labourers of all kinds, both skilled and unskilled	31	12	10	17	70
Mechanics, including Boilermakers, Engine-makers, Brass Finishers, Ironfounders, etc.	24	4	3	8	39
Postmen, Policemen, Firemen, etc.	—	—	—	1	1
Printers, including Compositors, etc.	1	1	1	1	4
Railway Workers, including Carriage Cleaners, Repairers, Platelayers, Porters, Guards	—	5	2	—	7
Shopkeepers and Shop Assistants	1	3	4	2	10
Stokers	—	—	—	1	1
Tailors and Allied Tradesmen	3	1	3	—	7
Tradesmen including Butchers, Bakers, Dairymen, Grocers, etc.	3	1	4	2	10
Watermen, including Bargemen, Lightermen, Seamen, etc.	—	—	—	—	—
Unknown, various, or of no occupation	17	6	2	1	26
Soldiers and Sailors, including ex-soldiers and ex-sailors	54	41	53	46	194
Total Males	153	96	108	130	487

FEMALES.

Occupations.	DISPENSARY AREA.				
	No. 1.	No. 2.	No. 3.	No. 4.	Totals.
Clerks	5	2	9	8	24
Domestics, including Housewives, Cooks, Nurses	23	25	22	14	84
Factory Workers	—	4	8	10	22
Laundresses	1	2	—	—	3
School Teachers	1	—	1	—	2
Munition Workers	3	2	—	—	5
Shop Assistants	7	8	3	3	21
Tailoresses, including dressmakers	8	1	1	—	10
Unknown, or of no occupation	—	2	—	3	5
Various	9	2	—	1	12
Total Females	57	48	44	39	188

TABLE 12.—Showing the Age Classification of Patients who were approved for Sanatorium Benefit during 1917

Age.	DISPENSARY AREA.				Totals.
	No. 1.	No. 2.	No. 3.	No. 4.	
15—25	81	57	58	63	259
25—35	66	35	40	54	195
35—45	39	30	32	33	134
45—55	18	18	16	15	67
55—65	4	4	5	3	16
65—75	2	—	1	1	4
	210	144	152	169	675

The following figures show the total numbers of patients who, from the commencement of Sanatorium Benefit, have received treatment.

	Area No. 1	Area No. 2	Area No. 3	Area No. 4	Total.
Domiciliary Treatment	525	641	348	501	2015
Dispensary ..	611	354	291	390	1646
Institutional ..	311	328	256	365	1260

With respect to nourishment ancillary to treatment, the same procedure as outlined by me previously has been continued.

During 1917, two hundred and eighty-one orders for nourishment ancillary to treatment were issued, divided into the following scales.

" A "	1 pint of milk per day	..	..	20
" B "	1 pint of milk and 1 egg per day	..	..	144
" C "	1 pint of milk and 1 egg per day and $\frac{1}{2}$ -lb. of butter per week	..	..	117
Total				281

The provision of dental treatment and of special apparatus where needed, has been continued during 1917, on the lines laid down in my former reports.

Table 13.

List of Surgical Appliances, etc., supplied during 1917, to patients in receipt of Sanatorium Benefit.

No.	Appliance Supplied.						Cost.		
							£	s.	d.
2947	Dentistry	..	..	..	..	..	7	0	0
1512	ditto	..	..	..	..	..	2	11	0
1860	ditto	..	..	..	..	..	5	0	0
1891	ditto	..	..	..	..	..	1	10	0
2300	ditto	..	..	..	..	..	4	8	0
2413	ditto	..	..	..	..	..	6	0	0
2424	ditto	..	..	..	..	..	5	0	0
2494	ditto	..	..	..	..	..	3	0	0
2548	ditto	..	..	..	..	..		12	0
2554	ditto	..	..	..	..	..	3	13	6
2652	ditto	..	..	..	..	..	3	18	6
2780	ditto	..	..	..	..	..	2	10	0
2822	ditto	..	..	..	..	..	5	10	0
2846	ditto	..	..	..	..	..	6	7	6
2881	ditto	..	..	..	..	..	2	10	0
2920	ditto	..	..	..	..	..	1	11	6
3024	ditto	..	..	..	..	..	1	11	6
3150	ditto	..	..	..	..	..	5	17	6
3156	ditto	..	..	..	..	..	1	15	0
600	Rubber Urinal	..	..	..	..	..		17	3
1198	Truss	..	..	..	..	..		7	6
1759	Air Cushion	..	..	..	..	..		12	6
2090	Surgical Belt	..	..	..	..	..	1	5	0
2334	Double Spring Crutches	..	..	..	..	..	1	5	0
2656	Rubber Urinal	..	..	..	..	..	1	5	0
3002	Double Thomas's Hip Splint	..	..	..	..	..	3	10	0

CONCLUSION.

It will therefore be seen that, in spite of difficult conditions, the valuable work has continued, in attacking tuberculosis in Kent, during the year 1917.

ALFRED GREENWOOD.

TABLE No. 14.—Showing, for each Sanitary Area in Kent, the numbers of Insured Patients who have received Domiciliary, Dispensary, and Institutional Treatment, under Sanatorium Benefit, during the year 1917.

* PATIENTS WHO HAVE RECEIVED SANATORIUM BENEFIT.																					
Sanitary District.	* DOMICILIARY.						* DISPENSARY.			* INSTITUTIONAL.			TOTAL.			No. of appli- cants in 1917 who were not passed for Sanatorium Benefit.	Deaths during 1917.				
	1917 and all earlier cases treatment during year 1917.			Total No. of cases having this form of treatment on 31st Dec., 1917.			1917 and all earlier cases treatment during year 1917.			Total No. of cases having this form of treatment on 31st Dec., 1917.			1917 and all earlier cases treatment during 1917.					Total No. of cases having any form of treatment on 31st Dec., 1917			
	a	b	c	a	b	c	a	b	c	a	b	c	a	b	c			M.	F.		
Area No. 1.	M.	F.																			
Chatham	28	11	5	23	11	30	75	53	14	22	8	49	120	72	2	13	3				
Faversham	10	5	—	4	2	13	31	15	4	5	1	17	40	19	—	5	—				
Gillingham	37	8	7	16	4	33	83	65	17	23	3	57	122	72	1	14	3				
Herne Bay	6	1	4	9	5	2	2	2	3	5	1	9	16	8	—	1	1				
Milton Regis	4	1	1	5	2	3	18	17	1	2	1	5	25	20	—	1	1				
Queenborough	2	—	1	2	—	2	4	2	1	2	1	4	8	3	—	1	—				
Rochester	31	11	3	13	6	36	67	51	13	9	5	52	89	62	1	7	2				
Sheerness	12	3	6	13	4	11	27	21	1	4	—	18	44	25	1	5	2				
Sittingbourne	9	10	3	18	10	11	30	24	8	14	6	22	62	40	1	5	3				
Whitstable	4	2	5	8	6	2	4	4	1	1	—	8	13	10	—	1	—				
Faversham Rural	6	3	1	3	1	6	9	7	4	6	1	11	18	9	—	3	—				
Hoo Rural	4	1	—	3	2	3	4	4	4	4	1	7	11	7	—	1	—				
Milton Rural	—	1	—	2	2	1	3	3	1	1	2	2	6	7	—	—	—				
Sheppey Rural	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	—	—				
Totals for Area No. 1	153	57	36	120	55	153	358	268	72	98	30	261	576	53	6	57	15				
Area No. 2.																					
Maidstone	24	9	12	28	9	23	50	23	12	17	10	47	95	42	1	5	3				
Sevenoaks	2	1	—	4	3	2	5	3	1	2	—	3	11	7	—	1	—				
Southborough	3	2	1	4	1	3	5	4	—	1	—	4	10	5	—	2	—				
Tenterden	2	1	2	7	2	—	—	—	—	2	2	—	9	4	—	—	—				
Tonbridge	4	4	4	13	8	5	26	18	—	14	—	34	70	26	—	1	—				
Tunbridge Wells	17	8	19	33	17	9	23	13	6	14	1	34	70	31	—	6	5				
Wrotham	1	—	1	—	1	—	—	—	—	—	—	1	—	2	—	—	—				
Cranbrook Rural	3	3	4	14	5	—	—	—	2	5	3	6	19	8	—	2	2				
Hollingbourn Rural	6	3	7	13	9	1	3	—	7	9	3	15	25	12	—	—	1				
Maidstone Rural	6	3	7	12	7	1	2	1	2	4	—	10	18	8	—	—	—				
Malling Rural	7	5	8	17	9	1	7	4	4	4	1	13	28	14	1	—	2				
Sevenoaks Rural	14	5	11	31	19	3	6	6	10	15	5	24	50	30	—	4	5				
Tenterden Rural	—	4	—	1	1	—	—	—	4	—	—	—	1	2	—	3	—				
Tonbridge Rural	7	—	11	31	20	1	4	3	—	6	—	16	4	23	—	—	—				
Totals for Area No. 2	96	48	87	208	111	49	131	75	49	79	28	185	418	214	2	28	20				
Area No. 3.																					
Ashford	6	2	3	8	2	8	17	9	2	5	2	13	30	13	—	4	—				
Broadstairs	1	2	1	2	1	—	1	1	3	4	—	4	7	2	—	1	—				
Cheriton	1	1	1	1	—	7	9	6	4	8	1	15	26	14	—	1	4				
Deal	5	5	6	11	7	5	7	6	8	14	7	37	73	42	1	3	1				
Dover	22	8	9	19	9	20	40	26	9	15	7	27	56	28	—	7	2				
Folkestone	16	3	4	10	1	14	31	20	—	—	—	4	8	5	—	—	—				
Hythe	2	2	2	5	1	2	3	3	—	—	1	1	1	1	—	1	—				
Lydd	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—				
Margate	14	10	14	28	13	10	13	8	12	16	7	36	57	28	—	3	1				
New Romney	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—				
Ramsgate	7	1	1	16	7	6	20	9	3	5	—	10	41	16	—	4	1				
Sandwich	—	—	—	1	—	—	2	2	—	—	—	—	3	2	—	—	—				
Sandgate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Walmer	2	—	—	—	2	2	2	2	2	6	—	4	6	4	—	2	—				
Ashford, E.	13	2	9	19	8	11	16	13	6	6	1	26	41	22	—	2	2				
Ashford, W.	1	1	1	8	4	1	5	3	2	5	—	4	18	7	—	1	1				
Blean, Rural	3	—	3	4	3	—	4	2	3	3	—	6	11	5	—	4	—				
Bridge, Rural	—	—	—	3	1	2	3	3	2	2	1	4	8	5	—	1	—				
Dover, Rural	3	2	2	6	3	2	6	4	1	2	1	5	14	8	—	2	1				
Eastry, Rural	3	—	—	10	7	2	5	2	3	3	1	3	18	10	1	—	1				
Elham, Rural	3	1	—	3	1	2	4	3	1	3	1	5	10	5	—	1	—				
Romney Marsh Rural	2	—	2	4	2	—	1	1	3	1	1	3	6	4	—	1	—				
Thanet, Rural	1	3	3	8	3	4	4	3	3	4	1	10	16	7	—	—	2				
Totals for Area No. 3	108	44	62	170	77	93	193	127	67	100	32	222	463	236	2	39	14				
Area No. 4.																					
Beckenham	5	3	3	7	5	4	10	7	1	1	1	8	18	13	—	1	—				
Bexley	12	2	4	8	4	7	11	9	3	6	3	14	25	16	—	4	—				
Bromley	17	11	7	11	8	12	29	24	7	10	5	26	50	37	—	3	2				
Chislehurst	2	—	1	1	—	1	1	—	—	—	—	2	3	—	—	—	—				
Dartford	7	—	4	15	7	7	27	21	3	7	2	14	49	30	—	1	2				
Erith	30	4	2	14	6	26	48	39	4	11	3	36	73	48	—	5	—				
Footscray	2	4	2	5	3	3	35	23	10	5	1	7	14	7	—	3	—				
Gravesend	11	5	3	17	6	12	8	3	3	14	3	25	66	32	—	6	—				
Northfleet	3	2	1	7	5	3	3	2	1	1	1	5	16	9	—	2	—				
Penge	19	2	12	24	8	34	17	14	7	11	3	22	52	31	—	3	—				
Bromley, Rural	9	2	6	15	3	6	3	2	4	4	2	13	22	12	—	2	—				
Dartford, Rural	11	2	5	15	3	6	19	14	7	10	2	18	44	19	—	3	—				
Strood, Rural	2	—	—	4	2	2	4	4	1	1	3	3	9	9	—	—	—				
Totals for Area No. 4	130	39	54	143	71	89	216	163	50	82	29	193	441	263	—	30	5				
Totals for County	487	188	239	641	314	384	898	633	238	359	119	861	1898	1066†	10	4	54				

* Note, that the same patient may be included under either one, two, or all of these columns.

† This figure does not include the actual number of patients in receipt of Sanatorium Benefit at the end of 1917, but only those who were receiving active treatment. In addition to these, a large number who have been recommended for dispensary treatment only need to be kept under observation by occasional visits to the dispensary.



